

Purpose The SLEEP-50 consists to 50 items designed to screen for a variety of sleep disorders in the general population. The scale consists of nine subscales, reflecting some of the most common disorders and complaints related to sleep and the factors required for diagnosis with the *DSM-IV*: sleep apnea, insomnia, narcolepsy, restless legs/periodic leg movement disorder, circadian rhythm sleep disorder, sleepwalking, nightmares, factors influencing sleep, and the impact of sleep complaints on daily functioning [1].

Population for Testing The scale has been validated in a population of sleep clinic patients with a mean age of 47.6 ± 12.2 years and in a group of college students with a mean age of 22.3 ± 3.4 years.

Administration The SLEEP-50 is a self-report, paper-and-pencil measure requiring between 5 and 10 min for administration.

Reliability and Validity In an evaluation of the scale's psychometric properties, Spoormaker and colleagues [1] found an internal consistency of .85 and a test-retest reliability of .78. Additionally, ten factors were able to explain 67.5% of the variance and, in terms of predictive validity, individuals found to possess certain sleep disorders scored

significantly higher on those subscales of the questionnaire than other participants.

Obtaining a Copy A copy of the scale can be found in the original article published by developers [1].

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Scoring For each item, respondents are provided with a scale ranging from 1 ("not at all") to 4 ("very much") and are asked to indicate the extent to which the statement has matched their experience over the previous month. Total scores can be calculated for each subscale. In order to diagnose a sleep disorder using the questionnaire, developers recommend that respondents should meet a cutoff score for that subscale while also endorsing a score of at least 3 or 4 on the relevant impact scale. For their own analyses, Spoormaker and colleagues [1] used cutoff points that optimized the sensitivity and specificity of specific subscales. A list of these points can be found in the original article.

SLEEP-50

Please read every statement below and indicate to what extent it applied to you during the last four weeks.

	not at all	a little	rather much	very much
1. I am told that I snore	0	0	0	0
2. I sweat during the night	0	0	0	0
3. I am told that I hold my breath when sleeping	0	0	0	0
4. I am told that I wake up gasping for air	0	0	0	0
5. I wake up with a dry mouth	0	0	0	0
6. I wake up during the night while coughing / being short of breath	0	0	0	0
7. I wake up with a sour taste in my mouth	0	0	0	0
8. I wake up with a headache	0	0	0	0
9. I have difficulty in falling asleep	0	0	0	0
10. Thoughts go through my head and keep me awake	0	0	0	0
11. I worry and find it hard to relax	0	0	0	0
12. I wake up during the night	0	0	0	0
13. After waking up during the night, I fall asleep slowly	0	0	0	0
14. I wake up early and cannot get back to sleep	0	0	0	0
15. I sleep lightly	0	0	0	0
16. I sleep too little	0	0	0	0
17. I see dreamlike images when falling asleep or waking up	0	0	0	0
18. I sometimes fall asleep on a social occasion	0	0	0	0
19. I have sleep attacks during the day	0	0	0	0
20. With intense emotions, my muscles sometimes collapse during the day	0	0	0	0
21. I sometimes cannot move when falling asleep or waking up	0	0	0	0
22. I am told that I kick my legs when I sleep	0	0	0	0
23. I have cramp or pain in my legs during the night	0	0	0	0
24. I feel little shocks in my legs during the night	0	0	0	0
25. I cannot keep my legs at rest when falling asleep	0	0	0	0

Continued

	not at all	a little	rather much	very much
26. I would rather go to bed at a different time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I go to bed at very different times (more than 2 hours difference)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I do shift work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I sometimes walk when I am sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I sometimes wake up in a different place than where I fell asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I sometimes find evidence of having performed an action during the night I do not remember	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I have frightening dreams (if not, go to 37)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I wake up from these dreams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I remember the content of these dreams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I can orientate quickly after these dreams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I have physical symptoms during or after these dreams (e.g. movements, sweating, heart palpitations, shortness of breath)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. It is too light in my bedroom during the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. It is too noisy in my bedroom during the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I drink alcoholic beverages during the evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I smoke during the evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I use other substances during the evening (e.g. sleep or other medication)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. I feel sad and depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. I have no pleasure or interest in daily occupations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. I feel tired at getting up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. I feel sleepy during the day and struggle to remain alert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. I would like to have more energy during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. I am told that I am easily irritated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. I have difficulty in concentrating at work or school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. I worry whether I sleep enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Generally, I sleep badly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. I rate my sleep as ____ (1 = very bad, 10 = very good)

B. I sleep ____ hours, mostly from ____ to ____

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Reference

Representative Studies Using Scale

1. Spoormaker, V. I., Verbeek, I., van den Bout, J., & Klip, E. C. (2005). Initial validation of the SLEEP-50 questionnaire. *Behavioral Sleep Medicine*, 3(4), 227–246.

None.